# UNITED STATES DISTRICT COURT

| Middle District of Tennessee  |   |  |  |  |  |  |
|---|---|--|--|--|--|--|
| <u>Civil</u>  | Division 03-22 0040                       |  |  |  |  |  |
| Francis Keister   | ) Case No.                                |  |  |  |  |  |
| Plaintiff(s)  | ) (to be filled in by the Clerk's Office) |  |  |  |  |  |
| (Write the full name of each plaintiff who is filing this complaint.  If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)                                  | ) Jury Trial: (check one) Yes No )        |  |  |  |  |  |
| metro Hashille policodopent-<br>ment offiler T. parson<br>Davidson county Afformeto   | )<br>)<br>)                               |  |  |  |  |  |
| Davidson county Afformets   | )<br>)                                    |  |  |  |  |  |
| Defendant(s)  (Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names. Do not include a diverges here. | )<br>)<br>)                               |  |  |  |  |  |
| Defendant(s)  (Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please  | )<br>)<br>)<br>)                          |  |  |  |  |  |

## COMPLAINT FOR VIOLATION OF CIVIL RIGHTS

(Non-Prisoner Complaint)

#### NOTICE

Federal Rules of Civil Procedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number.

Except as noted in this form, plaintiff need not send exhibits, affidavits, grievance or witness statements, or any other materials to the Clerk's Office with this complaint.

In order for your complaint to be filed, it must be accompanied by the filing fee or an application to proceed in forma pauperis.

# I. The Parties to This Complaint

## A. The Plaintiff(s)

B.

| Provide the information below for each plaintiff named in the complaint. Attach additional pages if |   |  |  |  |
|---|---|--|--|--|
| needed.   | Francis Keister   |  |  |  |
| Name  |   |  |  |  |
| Address   | 17142 P.O. BO+ 17142  |  |  |  |
|   | Mashulle 71 37217   |  |  |  |
|   | City State Zip Code   |  |  |  |
| County  | Janasson County   |  |  |  |
| Telephone Number  | 262- 117-45 20 Con  |  |  |  |
| E-Mail Address  | Francis register 172 Co 3000  |  |  |  |
| The Defendant(s)  |   |  |  |  |
| individual, a government agency, ar include the person's job or title (if k                         | ach defendant named in the complaint, whether the defendant is an organization, or a corporation. For an individual defendant, mown) and check whether you are bringing this complaint against official capacity, or both. Attach additional pages if needed. |  |  |  |
| Defendant No. 1   |   |  |  |  |
| Name  | Metro Hashille Police Department  |  |  |  |
| Job or Title (if known)   |   |  |  |  |
| Address   | Nachaile TA 3720<br>City State Zip Code   |  |  |  |
| Address   | Macharille Id 20016   |  |  |  |
|   | City State Zip Code   |  |  |  |
| County  | Davidson county   |  |  |  |
| Telephone Number  | 8 (17-10)   |  |  |  |
| E-Mail Address (if known)   |   |  |  |  |
| 13 Wall Flathess (g wiewig  |   |  |  |  |
|   | Individual capacity Official capacity   |  |  |  |
|   |   |  |  |  |
| Defendant No. 2   | OFFICER parson  |  |  |  |
| Name  |   |  |  |  |
| Job or Title (if known)   | metro Nashville police officer  |  |  |  |
| Address   | SIDI Harding Place  |  |  |  |
|   | Naskaille TN 37219  |  |  |  |
|   | City State Zip Code   |  |  |  |
| County  | Januaron County   |  |  |  |
| Telephone Number  | 615-862-7744  |  |  |  |
| E-Mail Address (if known)   |   |  |  |  |
|   | Individual capacity Official capacity   |  |  |  |
|   |   |  |  |  |

Defendant No. 3

|     | Name  | Davidson COI   | mty Distric                             | + Attorney's DATE          |
|-----|---|--|---|----------------------------|
|     | Job or Title (if known)   | Dayid son co   | unty district                           | + Attorney Office          |
|     | Address   |  |   |                            |
|     |   | 222 Int Alvery   | ue North TN                             | 37201                      |
|     |   |  |   | Zip Code                   |
|     | County  |  |   | shrille tal 37201          |
|     | Telephone Number  | Davidson Ci  | sunfy                                   | ,                          |
|     | E-Mail Address (if known)   |  |   |                            |
| *   |   | Individual capacity  | Official capa                           | acity                      |
|     | Defendant No. 4   |  |   |                            |
|     | Name  |  |   |                            |
|     | Job or Title (if known)   |  |   |                            |
|     | Address   |  |   |                            |
|     |   | City   | State                                   | Zip Code                   |
|     | County  | o.iy   | Siare                                   |                            |
|     | Telephone Number  |  |   |                            |
|     | E-Mail Address (if known)   |  | (1)<br>(1)<br>(2)                       | <u>1</u>                   |
|     |   | Individual capacity  | Official cap                            | acity                      |
| II. | Basis for Jurisdiction  |  |   |                            |
|     | Under 42 U.S.C. § 1983, you may sue immunities secured by the Constitution Federal Bureau of Narcotics, 403 U.S. constitutional rights. | n and [federal laws]." Under Bi  | vens v. Six Unknow                      | n Named Agents of          |
|     | A. Are you bringing suit against (  | check all that apply):   |   |                            |
|     | Federal officials (a Bivens   |  |   |                            |
|     | State or local officials (a   | § 1983 claim)  |   |                            |
|     | 1 C ('1 1' 1 [C 1 1 1   | eging the "deprivation of any riaws]." 42 U.S.C. § 1983. If your right(s) do you claim is/are to him the fourth can be founted to the fourth of the fourth o | u are quing under a                     | action 1082 what           |
|     | Elva prodect  | nterfite with courte   | IVII OVANI<br>EN CHMENDING<br>M.S. CONS | ent Clance of the fitution |
|     | C. Plaintiffs suing under <i>Bivens</i> r   | nay only recover for the violation on the violation of th | on of certain constit                   | utional rights. If you     |

| D. | Section 1983 allows defendants to be found liable only when they have acted "under color of any statute, ordinance, regulation, custom, or usage, of any State or Territory or the District of Columbia." 42 U.S.C. § 1983. If you are suing under section 1983, explain how each defendant acted under color of state or local law. If you are suing under Bivens, explain how each defendant acted under color of federal law. Attach additional pages if needed. The parton of Machaelle of the officer forther may car on the 23rd of achieve of 2021, without any probable can be come. |
|----|--|
|    | Of without any probable Course   |

#### III. Statement of Claim

State as briefly as possible the facts of your case. Describe how each defendant was personally involved in the alleged wrongful action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

- A. Where did the events giving rise to your claim(s) occur?
  This event happened est Esterbrief et in Antio A, TN
  omb Other additional locations within the nachlaille area
  omb Other additional locations within the nachlaille area
- B. What date and approximate time did the events giving rise to your claim(s) occur?

  Whole 23th VI Work, his the present fine this complaints is here made
- C. What are the facts underlying your claim(s)? (For example: What happened to you? Who did what? Was anyone else involved? Who else saw what happened?) Oh The 23rd of bubble of the parson of the Meto Jashille police propounded of the profile propounded of the profile proposed of the profile profile profile failed that occurs to me which the police failed to act, Just because they personally like me which is in violation of my whole the found which is in violation of my whole the found which is the equal profile chair clause.

### IV. Injuries

If you sustained injuries related to the events alleged above, describe your injuries and state what medical treatment, if any, you required and did not receive. Yes My Car been empould. Confrumets to my womelessness since then i have face high several health related is sue from slowly freely from staying — He cold find mither health when chairs musted harzards like been — confact high rapinh from smokes carbor mono ofice, Geogarn to and othe hamful substances— my day to day been out side. I have been honeass for almal 3 months and to half two to office's pairing section— by heintally they my car

## V. Relief

State briefly what you want the court to do for you. Make no legal arguments. Do not cite any cases or statutes. If requesting money damages, include the amounts of any actual damages and/or punitive damages claimed for the acts alleged. Explain the basis for these claims. Im requesting the amount of the Humbrel Hithy Million Dollars for actual Damanes, Punitives Lamanes, pain and Sufferior.

medical poils, return medical poils, in addition to any when

## VI. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

## A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case—related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

|    | Date of signing:                                 | 1202     |         |          |
|----|--|----------|---------|----------|
|    | Signature of Plaintiff Printed Name of Plaintiff | FINANCIS | KEISTER |          |
| В. | For Attorneys                                    |          |         |          |
|    | Date of signing:                                 |          |         |          |
|    | Signature of Attorney                            |          |         |          |
|    | Printed Name of Attorney                         |          |         |          |
|    | Bar Number                                       |          |         |          |
|    | Name of Law Firm                                 | !        |         |          |
|    | Address  |          |         |          |
|    |  |          |         |          |
|    |  | City     | State   | Zip Code |
|    | Telephone Number                                 |          |         |          |
|    | E-mail Address                                   |          |         |          |

STATEMENT OF CLAIM I Won the 23rd Ut October 2021 om officer from the Nutro Nashlaille police Defartment by the name of office- parson empounded my car for no Other incidents that have acoust from 2019- to 2012 where then Police have heinfung to be act - wocate of my cint white to equal profesh, and of fice parson toging my can - without of which of white my under cown of law. Gon July 16 of rost on individual pulled a Short orun by me whi at this time, made a police report toncers this incident no charnes where brond open this person, he even but further to spre 2 nails an over my car, 18 hors the police He news The complied was a sind to a detective after Kew months from the incident the case were roker herek to the Diffis office i werd there to enfine out the care!
has told the to case has been closely the incided happerf cut 3328 Smith spring hous - Antion TX 37013 6) It bid chould it roo was throng at my car noming

film i thum I vot was through est my car nomber house in Markeric. The truck was driving with JPD longhics botto is the haule i did falle meters if the also make into the haule i did falle meters if the also make into their incided the care was arrand to refer early mines him mercho up the inchest with home denight in which is the Dp scrows of the fruit after the Stetes of the care i was followed the stetes of the care in the find of the stetes of the care i was followed to the Dp scrows of the fruit after the Stetes of the care i was followed the stetes of the care is the step of the did not care steres of the step of the sage to of spage of the did not care steres of the sage of the sage of the sage of the did not care steres of the sage of the sage of the sage of the did not care steres of the sage of

And Must the core has been closel. (4) On The 3rd of January of 20022 at around 9.87 son, thefus on 9 sunday mond while stounding at 9 bas station at Ben Road ont Edoler Cur hit he on my left feet no affer canny the prince on cons no Follow up was made to my concern the hit out ren Who this drive hit me on my feel was t sue over it Its police word to the year Station at a later time to both at the videos of the ingide. This happens When who and then on the host day of monday January 4th 5) on The 18 12 Jamms of 2022 two black makes hed on interret him me and a tool story on mon road while Shop Inille it morares has 9 portol on him, he was in the Store Lnih the pital in his prend maken had gathre Ehm at the prize on which was seatly town in a store on Store on 5885 Ben more end not at this sum store we is this boys has prenusy affacted me At this sum store when they Jung art me punher me on pointel au over my hos one of the pine no on the Mice make no extend this encount the boys also want the concern the boys also want i les her Jung et a first i cided case 3:22-cv-00040 Document 1 Filed 01/21/22 Page 8 of Pragentiles 801

(6) On October 6th 2019 1 was attack at Work at Amaz Mele i made 9 gm Can the police 354 afte 5 cm ) no arrows was made, after amount a year if t was only arrows the the mid of october of 200 Cherry Wel borga about the individual For 9 sounds my Ceality me with a booking rose, a Hard n Jung, and on exe Indury. Duhile Staying but my Lindwad place From october 2012 to October 19 roze I hate a couppe of ingiteres hilly him from assout, to wandelish, to him putters harvoders Changeals i the Mitches For me to reti h contacts of this haufull Chemilals, he could leave the door open get mis report What made i all of this this incidend one one of the armste was changed the earl the cantalism, even they the was enor proff that he had wont to point ne hinh Its Chemier - l'e house All of this incidents shows that the price failed to protect, or night deprived me of equal protetion under low min. In water wo my constitution of miles. AM three dependents neinfreny kerit to protectu ne, em & officer Givil whits to bus process, and the deprivation of right